

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-011169		STN# 04		PRIMAR YES																		
ON		OR		BETWEEN																																			
MM/DD/YY 07/31/2015		MM/DD/YY 07/31/2015		MM/DD/YY 07/31/2015		AGENCY SANTA FE PD								GEOGR. CODE 01075		CASE NUMBER 15-011169				BURGLAR FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO F.		NO. OF UNITS ENT. 1																	
TIME 18:00		DAY OF WEEK FRID		TIME 23:59		DAY OF WEEK FRID		TIME 23:59		DAY OF WEEK FRID		ADDRESS / LOCATION OF INCIDENT 4129 SOUTH MEADOWS APT 1114								CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE											
OFFENSE / INCIDENT																																							
STATUTE OR ORDINANCE												FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING									
1 BURGLARY												30-16-3		F		C		220		NO		NO		NO				20						UNK		UNK		NO	
2 LARCENY >\$500 BUT <\$2,500												30-16-1(D)		F		C		90Z		NO		NO		NO				20						UNK		UNK		NO	
PERSON CODES V-VICTIM W-WITNESS O-OTHER TYPE CODES P-POLICE G-GOVERNMENT Q-OTHER INJURY CODES B-BROKEN BONE M-MINOR INJURY U-UNCONSCIOUSNESS ETHNIC CODES A-ASIAN/ORIENTAL W-WHITE C-CITIZEN S-SUSPECT A-ARRESTED D-DECEASED N-NAMESING PERSON/ H-HINTERVIEWED I-INTEVIEWED F-FINANCIAL INST. S-SOCIETY/PUB R-RELIGIOUS T-LOSS OF TEETH B-BLACK H-HISPANIC/MEXICAN C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN																																							
PERSON CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) LOVATO LISA																																	
STREET ADDRESS 4129 SOUTH MEADOWS												APT. NO. 1114		CITY SANTA FE														CTY. 01		STATE NM		ZIP 87507							
RES. PHONE (505) 412-0251						BUS. PHONE						SOCIAL SECURITY NO.				DOB				AGE		SEX F		RACE WHT BLK ASIA IND UNK															
HEIGHT 5' 03"		WEIGHT 275 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
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STREET ADDRESS												APT. NO.		CITY														CTY.		STATE		ZIP							
RES. PHONE						BUS. PHONE						SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE WHT BLK ASIA IND UNK															
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
PROPERTY STATUS 5		PROPERTY TYPE 77		TYPE OF ITEM CD		MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																			
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) CD WITH DIGITAL PHOTOS								SERIAL / OAN				DATE RECOVERED 08/01/15		N.I.C. NO.																			
PROPERTY STATUS 1		PROPERTY TYPE 26		TYPE OF ITEM TELEVISION		MAKE / BRAND INSIGNIA				MODEL				CALIBER				VALUE \$300.00		DRUG VALUE																			
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) 32" INSIGNIA TELEVISION								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																			
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR				BTM. COLOR													
VALUE / DAMAGE EST.																																							
A FEMALE REPORTED SHE HAD COME HOME AND HER DOOR WAS UNLOCKED. SEVERAL ITEMS WERE TAKEN FROM THE RESIDENCE. NO SUSPECTS AT THIS TIME.																																							
SYNOPSIS																																							
CERT./STATUS																																							
"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED." YES <input type="checkbox"/> NO <input type="checkbox"/>																																							
"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."																																							
COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X																																							
DATE																																							
REPORTING OFFICER (PRINT) ABBO, CHRISTOPHER																																							
RANK POI																																							
I.D. NO. 7199																																							
DATE 08/01/2015																																							
DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO																																							
I.D. NO.																																							
DATE																																							
ASSISTING OFFICER (PRINT)																																							
RANK																																							
I.D. NO.																																							
DATE																																							
PROCESSED BY																																							
DATE																																							
DATA ENTRY PERSON																																							
DATE																																							
APPROVING OFFICER (PRINT) SERGEANT C. VARELA JR.																																							
RANK SGT																																							
I.D. NO. 4209																																							
DATE 08/01/2015																																							
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) INV																																							
INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> C.L.E. <input type="checkbox"/>																																							
EXCEPT CODE N																																							
A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTORTION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE																																							
DATE 08/01/2015																																							
CASES CLEARED BY THIS ARREST																																							
CASE NO.																																							
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OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET							ORI NO. NM0260100		INCIDENT NO. 15-011213		STN# 02		PRIMAR YES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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TIME 22:00		DAY OF WEEK SAT		TIME 22:30		DAY OF WEEK SAT		TIME 02:43		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 2395 CAMINO CAPITAN							CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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NO</td><td>REL.</td></tr><tr><td>6' 04"</td><td colspan="2">210 LBS</td><td colspan="2">BRO</td><td>BRO</td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td><td></td><td colspan="2"></td><td></td><td colspan="2"></td><td></td></tr><tr><td>PERSO N CODE</td><td>TYPE CODE</td><td>INJURY CODE</td><td colspan="23">1-NAME (LAST, FIRST, MIDDLE, SUFFIX)</td></tr><tr><td></td><td></td><td></td><td colspan="23"></td></tr><tr><td colspan="10">STREET ADDRESS</td><td>APT. NO.</td><td colspan="10">CITY</td><td>CTY.</td><td>STATE</td><td>ZIP</td></tr><tr><td colspan="10"></td><td></td><td colspan="10"></td><td></td><td></td><td></td></tr><tr><td colspan="5">RES. PHONE</td><td colspan="5">BUS. 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STREET ADDRESS										APT. NO.	CITY										CTY.	STATE	ZIP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB			AGE		SEX	RACE WHT BLK ASIA IND UNK																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
HEIGHT	WEIGHT		HAIR		EYES	ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.	VICTIM OF SUSP. NO		REL.	VICTIM OF SUSP. NO		REL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
SUSPECTED DRUG TYPE	QUANTITY	UNIT OF MS.				DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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YEAR	MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR	LIC. ST.	TOP COLOR		BTM. COLOR																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
VALUE / DAMAGE EST.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
<div>SYNOPSIS</div> <p>ON AUGUST 1ST AT 2395 CAMINO CAPITAN THE ABOVE LISTED SUBJECT OBSERVED A SUSPICIOUS MALE AT THE LOCATION.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
<div>CERT./STATUS</div> <table><tr><td colspan="10">"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."</td><td>YES</td><td>NO</td><td colspan="10">"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."</td><td colspan="4">COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X</td><td colspan="2">DATE 08/02/2015</td></tr><tr><td colspan="10">REPORTING OFFICER (PRINT) ALANIZ, MAXIM</td><td colspan="2">RANK PO I</td><td colspan="2">I.D. NO. 7195</td><td colspan="2">DATE 08/02/2015</td><td colspan="10">DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO</td><td colspan="2">I.D. NO.</td><td colspan="2">DATE</td></tr><tr><td colspan="10">ASSISTING OFFICER (PRINT)</td><td colspan="2">RANK</td><td colspan="2">I.D. NO.</td><td colspan="2">DATE</td><td colspan="5">PROCESSED BY</td><td colspan="2">DATE</td><td colspan="5">DATA ENTRY PERSON</td><td colspan="2">DATE</td></tr><tr><td colspan="10">APPROVING OFFICER (PRINT)</td><td colspan="2">RANK</td><td colspan="2">I.D. NO.</td><td colspan="2">DATE</td><td colspan="10">INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> C.L.E. <input type="checkbox"/></td><td colspan="2">EXCEPT CODE N</td><td colspan="10">A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE</td><td colspan="2">DATE 08/02/2015</td></tr><tr><td colspan="10">AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)</td><td colspan="10">CASES CLEARED BY THIS ARREST CASE NO.</td><td colspan="10">CASE NO.</td><td colspan="2">CASE NO.</td></tr></table>																										"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."										YES	NO	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."										COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE 08/02/2015		REPORTING OFFICER (PRINT) ALANIZ, MAXIM										RANK PO I		I.D. NO. 7195		DATE 08/02/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO										I.D. NO.		DATE		ASSISTING OFFICER (PRINT)										RANK		I.D. NO.		DATE		PROCESSED BY					DATE		DATA ENTRY PERSON					DATE		APPROVING OFFICER (PRINT)										RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE <input type="checkbox"/> INACT. <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> C.L.E. <input type="checkbox"/>										EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE										DATE 08/02/2015		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST CASE NO.										CASE NO.										CASE NO.																																																																																																																																																																																																																																																																																																																																																																																																	
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OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-002741		STN# 01		PRIMAR YES																	
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-002741				BURGLAR FORCE NO F.		NO. OF UNITS ENT.															
MM/DD/YY 07/31/2015		MM/DD/YY		MM/DD/YY 07/31/2015		ADDRESS / LOCATION OF INCIDENT 1712 ST. MICHAELS DRIVE KMART				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00															
TIME 15:50		DAY OF WEEK FRID		TIME 16:00		DAY OF WEEK FRID		OFFENSE / INCIDENT 1 WARRANT SERVICE				STATUTE OR ORDINANCE SFPD-03		FEL/ MISD. M		ATTEMPTED/ COMPLETED C		UCR OFFENSE CODE 90Z		DOM. VIOL. NO		SEX CRIME? NO		CHILD NO		CRIMINAL ACTIVITY CODE		LOCAT. CODE 08		WEAPON CODE UP TO 3 PER OFFENSE 99		OFFENDER(S) SUSPECTED OF USING ALCOH. DRUG COMP. NO UNK NO	
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN J-JAPANESE A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN		W-WHITE O-OTHER U-UNKNOWN									
PERSON N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) WHEELER CHRISTOPHER A																											
STREET ADDRESS 606 ONATE STREET				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87501		RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE VHT BLK ASIA IND UNK					
HEIGHT 5' 07"		WEIGHT 140 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HCM CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.					
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																											
STREET ADDRESS				APT. NO.		CITY				CTY.		STATE		ZIP		RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE VHT BLK ASIA IND UNK					
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.					
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE													
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.															
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE													
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.															
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR											
VALUE / DAMAGE EST.																																	
SYNOPSIS		MR. WHEELER WAS ARRESTED FOR HAVING A VALID WARRANT FROM MAGISTRATE COURT.																															
CERT./STATUS		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO <input type="checkbox"/> <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X		DATE				REPORTING OFFICER (PRINT) MARTINEZ, JACOB		RANK POII		I.D. NO. 7296		DATE 07/31/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE							
ASSISTING OFFICER (PRINT) ERNST, CRAIG		RANK SGT		I.D. NO. 5827		DATE 07/31/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE		CASE NO.		CASE NO.		DATE 07/31/2015															
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) INV		CASES CLEARED BY THIS ARREST CASE NO.																															

OCCURRENCE DATE(S) ON OR BETWEEN				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011240		STN# 07		PRIMAR YES																
MM/DD/YY 07/31/2015		MM/DD/YY 08/02/2015		MM/DD/YY 08/02/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011240		BURGLAR FORCE <input checked="" type="checkbox"/> NO <input type="checkbox"/>		NO. OF UNITS ENT. 1																
TIME 16:00		DAY OF WEEK FRID		TIME 16:34		DAY OF WEEK SUN		TIME 16:34		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 822A CALLE TORREADOR				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE								
OFFENSE	OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL./ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING					
	1 BURGLARY						30-16-3		F		C		220		NO		NO		NO				20		95		UNK UNK UNK					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN							
	PERO N CODE V		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) SALAZAR NICHOLAS S																									
	STREET ADDRESS 822A CALLE TORREADOR										APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505					
	RES. PHONE (505) 310-3184										BUS. PHONE										SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK	
	HEIGHT 5' 10"		WEIGHT 170 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.							
PROPERTY STATUS 1		PROPERTY TYPE 26		TYPE OF ITEM TELEVISION		MAKE / BRAND SAMSUNG		MODEL RM 48 D		CALIBER		VALUE \$1,000.00		DRUG VALUE																		
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) 48 INCH FLAT SCREEN TELEVISION								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.												
PROPERTY STATUS 1		PROPERTY TYPE 77		TYPE OF ITEM CAMERA		MAKE / BRAND NIKON D		MODEL 3100		CALIBER		VALUE \$500.00		DRUG VALUE																		
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) NIKON DIGITAL CAMERA								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.												
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																
VALUE / DAMAGE EST.																																
SYNOPSIS	ON SUNDAY, AUGUST 2ND, 2015 AT 1634 HOURS I WAS DISPATCHED TO 822A CALLE TORREADOR, IN REFERENCE TO A BURGLARY.																															
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X												DATE 08/03/2015													
	REPORTING OFFICER (PRINT) CURREY, ANTHONY				RANK		I.D. NO. 7357		DATE 08/03/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO										I.D. NO.		DATE									
	ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE											
	APPROVING OFFICER (PRINT) JOSE GONZALES				RANK SGT		I.D. NO. 5667		DATE 08/03/2015		INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CLA. <input type="checkbox"/> CLE. <input type="checkbox"/>				EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE											
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) INV										CASES CLEARED BY THIS ARREST CASE NO.										CASE NO.											

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011287		STN# 08		PRIMAR YES																																	
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011287		BURGLAR FORCE NO. F. <input type="checkbox"/> <input checked="" type="checkbox"/>		NO. OF UNITS ENT. <input type="checkbox"/>																																	
MM/DD/YY 08/02/2015		MM/DD/YY 08/02/2015		MM/DD/YY 08/03/2015		ADDRESS / LOCATION OF INCIDENT 701 CERRILLOS				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00																															
TIME 18:30		DAY OF WEEK SUN		TIME 20:00		DAY OF WEEK SUN		TIME 15:35		DAY OF WEEK MON		OFFENSE / INCIDENT 1 LARCENY		STATUTE OR ORDINANCE 16-11.1		FEL/ MISD. M		ATTEMPTED/ COMPLETED C		UCR OFFENSE CODE 90Z		DOM. VIOL. NO		SEX CRIME? NO		CHILD NO		CRIMINAL ACTIVITY CODE		LOCAT. CODE 26		WEAPON CODE UP TO 3 PER OFFENSE 95		OFFENDER(S) SUSPECTED OF USING ALCOH. DRUG COMP. YES NO NO															
OFFENSE																				PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED		V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE O-OTHER U-UNKNOWN							
																				PERSON N CODE R		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) MARTINEZ BERNIE																							
																				STREET ADDRESS 123 KEARNY										APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505			
																				RES. PHONE (505) 930-6828										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK	
																				HEIGHT 5' 09"		WEIGHT 150 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.					
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSSES)																				PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
																				STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP			
																				RES. PHONE										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK	
																				HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.					
																				PROPERTY STATUS 1		PROPERTY TYPE 04		TYPE OF ITEM BICYCLE				MAKE / BRAND RALLY				MODEL				CALIBER		VALUE \$800.00		DRUG VALUE									
																				SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) GREY IN COLOR						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.											
																				PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE									
																				SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.											
																				YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR							
																				VALUE / DAMAGE EST.																													
SYNOPSIS																				ON ABOVE DATE AND TIME I WAS DISPATCHED TO 1121 ALTO TO MAKE CONTACT WITH THE REPORTING PARTY REFERENCE HIS BICYCLE BEING TAKEN THE NIGHT PRIOR AT THE RAIL YARD PARK.																													
CERT./STATUS																				"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."				YES <input type="checkbox"/> NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE															
																				REPORTING OFFICER (PRINT) RAMIREZ, JOSHUA				RANK PO3		I.D. NO. 1106		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE													
																				ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE													
																				APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CL.A. CLE. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE <input type="checkbox"/>		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE													
																				AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.											

OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011300		STN# 01		PRIMAR YES																														
ON OR BETWEEN		MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011300		BURGLAR FORCE NO F. YES NO		NO. OF UNITS ENT. 1																											
TIME 01:00		DAY OF WEEK MON		TIME 07:00		DAY OF WEEK MON		TIME 21:00		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 3001 CERRILLOS ROAD				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO		HATE / BIAS MOT. CODE																					
OFFENSE / INCIDENT																		STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
																		1		BURGLARY AUTO, WATERCRAFT, COMME		30-16-3B		F		C		220		NO		NO		NO		14				UNK		UNK		NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																		PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE							
																		G-PARENT/GUARDIAN		C-CITIZEN		D-DECEASED				H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		C-CHINESE		O-OTHER					
																		R-REPORTING PERSON		S-SUSPECT		I-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				I-POSSIBLE INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		J-JAPANESE		U-UNKNOWN					
																		INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				L-SEVERE LACERATION		T-LOSS OF TEETH				I-AMERICAN INDIAN/NATIVE AMERICAN							
																		PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
V		I		N		HERNANDEZ																																							
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																		STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																	
																		907 SOUTH SCHLEY				HEREFORD				TX		79045																	
																		RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		IND		UNK							
																		(806) 346-6048										F																	
																		HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.			
5' 00"		160 LBS		BLK		BRO																																							
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																		PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
																		STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																	
																		RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		IND		UNK							
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																		HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.			
																		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													
																		1		07		GPS								\$349.00															
																		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.															
		1				5" SCREEN BLACK GPS																																							
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)																		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													

OCCURRENCE DATE(S)						DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET								ORI NO. NM0260100		INCIDENT NO. 15-011307		STN# 05		PRIMAR YES														
ON OR BETWEEN																																				
MM/DD/YYYY			MM/DD/YYYY			MM/DD/YYYY			AGENCY SANTA FE PD									GEOGR. CODE 01075		CASE NUMBER 15-011307		BURGLAR FORCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF UNITS ENT. 1												
TIME		DAY OF WEEK		TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT 6600 JAGUAR DRIVE									CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HATE / BIAS MOT. CODE							
14:00		MON		21:00		MON		23:34		MON																										
OFFENSE	OFFENSE / INCIDENT										STATUTE OR ORDINANCE		FEL/ MISD.	ATTEMPTED/ COMPLETED	UCR OFFENSE CODE	DOM. VIOL.	SEX CRIME?	CHILD	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING														
	1 BURGLARY										30-16-3		F	C	220	NO	NO	NO		20	95		UNK	UNK	NO											
	2 LARCENY										30-16-1		M	C	23F		NO	NO		20	95		UNK	UNK	NO											
	3 CRIMINAL DAMAGE TO PROPERTY < \$100										30-15-1 (MIS)		N	C	220	NO	NO	NO		20	95		UNK	UNK	NO											
SUBJECTS / VICTIMS / SUSPECTS / BUSINESSSES	PERSON CODES P-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED										V-VICTIM C-CITIZEN S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE P-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES A-ASIAN/ORIENTAL C-CHINESE H-HISPANIC/MEXICAN J-JAPANESE K-KOREAN L-LATINO/Latina M-MIDDLE EASTERN NATIVE AMERICAN		A-A-ASIAN/ORIENTAL C-CHINESE H-HISPANIC/MEXICAN J-JAPANESE K-KOREAN L-LATINO/Latina M-MIDDLE EASTERN NATIVE AMERICAN		W-WHITE O-OTHER U-UNKNOWN			
	PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) SARAH ARMIJO																													
	STREET ADDRESS 4371 C SAN BENITO										APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505									
	RES. PHONE										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK							
	HEIGHT 5' 02"		WEIGHT 149 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
	PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																													
	STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP									
	RES. PHONE										BUS. PHONE										SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK							
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.											
	PROPERTY STATUS 5		PROPERTY TYPE 77		TYPE OF ITEM DNA SWABS		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) DNA SWABS		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																								
PROPERTY STATUS 5		PROPERTY TYPE 77		TYPE OF ITEM PHOTO EVIDENCE		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																						
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) PHOTO EVIDENCE		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																								
YEAR 2003		MAKE FORD		MODEL FOC		BODY STYLE 4D		LICENSE NO.		LIC. YEAR 2017		LIC. ST. NM		TOP COLOR RED		BTM. COLOR RED																				
VALUE / DAMAGE EST. 150																																				
CERT./STATUS	SYNOPSIS ON MONDAY AUGUST 3, 2015, I WAS DISPATCHED TO 6600 JAGUAR DRIVE IN REFERENCE TO A BURGLARY TO A MOTOR VEHICLE.																																			
	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."										YES <input type="checkbox"/>		NO <input type="checkbox"/>		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."										COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE							
	REPORTING OFFICER (PRINT) GUSHINIENE, STEVEN										RANK POI		I.D. NO. 7392		DATE 08/04/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED																			

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 14-014430		STN# 01		PRIMAR YES													
MM/DD/YY 08/02/2015		MM/DD/YY 08/02/2015		MM/DD/YY 08/02/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 14-014430		BURGLAR FORCE NO F.		NO. OF UNITS ENT. 6													
TIME 09:14		DAY OF WEEK SUN		TIME 09:14		DAY OF WEEK SUN		ADDRESS / LOCATION OF INCIDENT 4298 CERRILLOS ROAD				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00									
OFFENSE	OFFENSE / INCIDENT					STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING			
	1 WARRANT SERVICE					SFPD-03		M		C		90Z		NO		NO		NO				14		01				UNK UNK NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSSES)	PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE								
	G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE								
	R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		C-CHINESE		O-OTHER								
	H-INTERVIEWED		A-ARRESTED		R-RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-UNCONSCIOUSNESS		J-JAPANESE		J-JAPANESE		U-UNKNOWN								
	PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
	A		I		N		ENRIQUEZ																						
							JOSEPHINE																						
	STREET ADDRESS				APT. NO.		CITY																						
	1113 HARRISON ROAD				B		SANTA FE																						
	RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB		AGE		SEX														
	(000) 000-0000														F														
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.								
	5' 03"		135 LBS		BRO		BRO																						
	PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
STREET ADDRESS				APT. NO.		CITY																							
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.		DOB		AGE		SEX															
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.									
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR													
VALUE / DAMAGE EST.																													
SYNOPSIS	ON AUGUST 2, 2015 A CRIME CHECK FEMALE WHO REMAINED ANONYMOUS STATED THAT IN LA QUINTA INN, ROOM NUMBER 346 THERE WAS A FEMALE WITH A WARRANT BY THE NAME OF JOSPEHINE ENRIQUEZ. UPON ARRIVAL I MADE CONTACT WITH OCCUPANTS OF ROOM 346, I WAS ABLE TO IDENTIFY ONE OF THE OCCUPANTS AS JOSEPHINE ENRIQUEZ (8-1-92).DEFEDANT HAD AN ACTIVE BENCH WARRANT FOR HER ARREST ISSUED BY JUDGE ANN YALMAN FOR FAILURE TO APPEAR. DEFENDANT IS BEING HELD ON A \$500.00 CASH BOND. DEFEDANT WAS TRASNPORTED TO THE HOSPITAL FOR A MEDICAL CLERANCE AND THEN TO THE SANTA FE ADULT DETENTION CENTER. DEFENDANT DOES NOT HAVE CUSTODY OF HER CHILD, AND DOES NOT HAVE ANYONE WHO DEPENDS ON HER CARE.																												
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																		
	REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE												
	GUZMAN, LEONARDO				POI		7111		08/02/2015																				
	ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON												
APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		DATE													
ZUMENTS, KYLE				SGT		2073		08/02/2015		ACTIVE INACT. CLOSED U.F. CL.A. CL.E.				A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE															
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.													

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011311		STN# 01		PRIMAR YES													
ON OR BETWEEN																													
MM/DD/YY 08/04/2015		MM/DD/YY 08/04/2015		MM/DD/YY 08/04/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011311		BURGLAR FORCE NO. F.		NO. OF UNITS ENT.													
TIME 02:02		DAY OF WEEK TUE		TIME 02:07		DAY OF WEEK TUE		TIME 02:02		DAY OF WEEK TUE		ADDRESS / LOCATION OF INCIDENT 2710 CERRILLOS ROAD				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO		HATE / BIAS MOT. CODE 00					
OFFENSE	OFFENSE / INCIDENT					STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING			
	1 CONCEALING IDENTITY					30-22-3		M		C		90Z		NO		NO		NO				18		01		UNK		UNK	
	2 RESISTING/EVADING/OBSTRUCTING AN O					30-22-1		M		C		90Z		NO		NO		NO				18		01		UNK		UNK	
	3 RESISTING/EVADING/OBSTRUCTING AN O					30-22-1		M		C		90Z		NO		NO		NO				18		01		UNK		UNK	
	4 ASSAULT UPON PEACE OFFICER					30-22-21		M		C		90Z		NO		NO		NO				18		01		UNK		UNK	
	5 ASSAULT UPON PEACE OFFICER					30-22-21		M		C		90Z		NO		NO		NO				18		01		UNK		UNK	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED		V-VICTIM C-CITIZEN S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ R-RUNAWAY		O-OTHER		TYPE CODES H-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN A-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN				
	PERSON N CODE A		TYPE CODE I		INJURY CODE M		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) BOYLAN LARRY J JR																						
	STREET ADDRESS 2743 BOYLAN CIRCLE										APT. NO. 16		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87507		
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX M		RACE WHT BLK ASIA IND UNK				
	HEIGHT 5' 08"		WEIGHT 150 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.				
	PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																						
	STREET ADDRESS										APT. NO.		CITY										CTY.		STATE		ZIP		
	RES. PHONE					BUS. PHONE					SOCIAL SECURITY NO.					DOB					AGE		SEX		RACE WHT BLK ASIA IND UNK				
	HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HCM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.				
	PROPERTY STATUS 5		PROPERTY TYPE 27		TYPE OF ITEM CD-DVR				MAKE / BRAND N/A				MODEL N/A				CALIBER				VALUE				DRUG VALUE				
SUSPECTED DRUG TYPE		QUANTITY 1		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) DIGITAL AUDIO						SERIAL / OAN				DATE RECOVERED				N.I.C. NO.									
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE				DRUG VALUE					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED				N.I.C. NO.									
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR				BTM. COLOR			
VALUE / DAMAGE EST.																													
SYNOPSIS	ON TUESDAY, AUGUST 4TH, 2015, MR. LARRY BOYLAN JR. WAS ARRESTED FOR THE ABOVE STATED CRIMINAL OFFENSES, FOLLOWING SANTA FE POLICE INVESTIGATING A BUSINESS ALARM ACTIVATION AT THE ABOVE STATED ADDRESS. MR. BOYLAN JR. WAS TRANSPORTED TO THE SANTA FE COUNTY ADULT DETENTION CENTER WHERE HE WAS BOOKED ACCORDINGLY WITHOUT FURTHER INCIDENT. AT THE TIME OF ARREST MR. BOYLAN JR. DID NOT STATE HE HAD ANY DEPENDENTS THAT RELY ON HIM FOR CARE.																												
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X								DATE										
	REPORTING OFFICER (PRINT) PARRISH, JACOB						RANK PO II		I.D. NO. 6884		DATE 08/04/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO						I.D. NO.		DATE								
	ASSISTING OFFICER (PRINT)						RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE						
	APPROVING OFFICER (PRINT) SGT. ANTHONY TAPIA						RANK SGT		I.D. NO. 4732		DATE 08/04/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CL.A. CL.E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE 08/04/2015						
	AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) DA, INV												CASES CLEARED BY THIS ARREST CASE NO. 15-011311								CASE NO.								

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011236		STN# 04		PRIMAR YES																																						
ON OR BETWEEN																																																				
MM/DD/YY 07/29/2015		MM/DD/YY 08/02/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011236		BURGLAR FORCE NO. F.		NO. OF UNITS ENT. 1																																						
TIME DAY OF WEEK WED		TIME DAY OF WEEK 15:00 SUN		ADDRESS / LOCATION OF INCIDENT 6321 JAGUAR DR #5				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE																																				
OFFENSE	OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING																											
	1 MISSING PERSON				SFPD-05		N		C		90I		NO		NO		NO				20		01		UNK		YES UNK																									
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED				W-WITNESS D-DECEASED M-MISSING PERSON/ R-RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE				W-WHITE O-OTHER U-UNKNOWN			
	PERSON CODE G		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) MELISSA GARCIA																																													
	STREET ADDRESS 1410 RAMONE LN				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87501																																					
	RES. PHONE (505) 469-0399				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK																																	
	HEIGHT 5' 07"		WEIGHT 180 LBS		HAIR BRO		EYES HAZ		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
	PERSON CODE M		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) JALAH GARCIA																																													
	STREET ADDRESS 1410 RAMONE				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87501																																					
	RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK																																	
	HEIGHT 5' 08"		WEIGHT 180 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
	PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE																															
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																																		
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER		VALUE		DRUG VALUE																																
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																																		
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																														
VALUE / DAMAGE EST.																																																				
SYNOPSIS	ON SUNDAY, AUGUST 2ND, 2015 OFFICERS RESPONDED TO 6321 JAGUAR DR #5 IN REFERENCE TO A MISSING/RUNAWAY.																																																			
CERT./STATUS	"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED." YES NO <input type="checkbox"/> <input type="checkbox"/>																																																			
	"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."																																																			
	COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X DATE																																																			
	REPORTING OFFICER (PRINT) BUSTAMANTE, REBECCA				RANK PO I		I.D. NO. 7253		DATE 08/02/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO								I.D. NO.		DATE																															
	ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE																															
APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE																												
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST CASE NO.										CASE NO.																																